

Skill Sheets

Emergency Medical Technician - 1, 2, & 3

**Department of Health and Social Services
Division of Public Health
Section of Emergency Programs
Box 110616
Juneau, AK 99811-0616**

(907) 465-3027

<http://www.ems.alaska.gov>

Version 5h, Revised December 2010

[THIS PAGE INTENTIONALLY LEFT BLANK]

Notes on Using These Skill Sheets

These skill sheets have been designed as a study guide for the successful completion of practical skills testing by EMT students, as well as defining the standard of care for Alaska EMTs. Practical examinations for certification are based on the National DOT Curriculum.

Critical Points

1. Asterisks (“*”) denote critical points.
2. Critical points were established by considering:
 - a) whether failure to complete the step would result in further harm to the patient or rescuer.
 - b) whether the step was a critical point on another Alaska Skill Sheet or on skill sheets developed by the National Registry of EMTs.
3. The individual must complete all critical points to successfully complete a skill sheet.
4. Some lines include multiple events, such as "Assesses skin color, temperature, and condition." In these cases, **all steps must be completed** to gain credit for completion of that line.

Artificialities of Training and Testing

Training and testing in EMS can only approximate the real world activities of the emergency medical technician. There are certain artificialities to both training and testing which must be (and usually are) understood by both the instructor and the student. For example, when an EMT sees the patient for the first time, he or she immediately forms an impression of whether the patient is “sick or not sick.” In the testing and training phases of EMS, this “general impression” must be verbalized to the proctor or instructor. Clearly, in the field setting, this impression would not be shared with the patient.

Evaluation

Completion of the testing skills for a particular training program must be verified by an instructor approved by the Department of Health and Social Services.

Notes on CPR Skills

Although this packet does not include the skill sheets for CPR, it is expected that all EMTs be capable of competently performing all CPR skills (one and two rescuer CPR, rescue breathing, cardiopulmonary resuscitation, and airway obstruction removal procedures) for infant, child, and adult patients. The skills must be performed in accordance with the current International Liaison Committee on Resuscitation (ILCOR) recommendations for Basic Life Support and Advanced Life Support, as published in Circulation, December 13, 2005, or later edition, and consistent with the current EMT scope of practice as defined in the Alaska EMS regulations.

Regardless of the skill sheets used, the following are considered "critical points" and failure to perform them properly may result in failure of the practical examination:

1. Using proper body substance isolation precautions.
2. Key sequencing.
3. Obtaining a proper mask seal.
4. Providing adequate volume when ventilating, e.g. tidal volume should be sufficient to make the chest rise.
5. Proper length, frequency, and location of pulse checks.
6. Proper positioning of the patient's head.
7. Proper hand placement, compression rate and depth.
8. Proper ratio of ventilations to compressions.

Notes to Instructors

1. Many skill sheets deal with the administration of a particular medication or the steps of a specific procedure. When teaching a skill in isolation, it should be assumed that necessary assessments, vital signs, and other interventions have been completed beforehand. Skills should be combined into developed patient care scenarios.
2. In all circumstances, the rescuers should: avoid entering the scene until it is determined to be safe; introduce themselves to the patient; and, whenever possible, obtain the patient's consent prior to beginning treatment or transport.
3. Body substance isolation (BSI) procedures recommended by the Centers for Disease Control and Prevention (CDC) should be adhered to on all skill sheets and patient care should not proceed until BSI precautions have been taken and the scene has been determined to be safe. BSI should be used whenever there is a potential for contact with blood and/or other body fluids. Because of the costs involved in purchasing BSI devices, such as gloves, masks, and gowns, it is the instructor's prerogative to decide whether to require actual donning of BSI or verbalizing the donning of BSI. Use of latex-containing BSI devices should be avoided whenever possible to reduce the risk of aggravating provider or patient latex allergies.
4. In many cases, such as the application of a pneumatic anti-shock garment (PASG), some or all of the patient's clothes must be removed to effect proper patient care. Obviously, in the classroom environment, the modesty of students and simulated patients should be preserved by allowing the student to verbalize the need to remove the patient's clothing.
5. Some skill sheets refer to other skill sheets. When this occurs, all of the steps from each of the skill sheets should be evaluated. For example, the PASG is applied during the "EMT-1 Trauma Assessment/Management skill sheet."
6. Many skills require that equipment be prepared or assembled; others do not. Unless the assembly of equipment is specified as a skill, necessary equipment for the skill station should be assumed to be assembled.
7. EMTs should practice skills in a variety of settings. Skill sessions and scenarios should increase in difficulty and realism as competency increases. It is particularly important for students to be able to identify and respond rapidly and correctly to device malfunctions, improper placement of airways, etc.
8. In some skill sheets, such as the Trauma Assessment/Management, it is permissible to start treatment, based on the mechanism of injury and the patient's presentation, prior to obtaining vital signs.
9. Information obtained at any time during the patient encounter may be applied toward the successful completion of the SAMPLE or medical assessment questions.

TABLE OF CONTENTS

ASSESSMENT OF BLOOD PRESSURE, PULSE, RESPIRATIONS, AND SKIN	1
OROPHARYNGEAL AIRWAY INSERTION - ADULT	3
OROPHARYNGEAL AIRWAY INSERTION-INFANT/CHILD	4
NASOPHARYNGEAL AIRWAY INSERTION	5
MOUTH-TO-MASK VENTILATION.....	6
BAG-VALVE-MASK RESUSCITATOR	7
FLOW-RESTRICTED OXYGEN-POWERED VENTILATION DEVICE.....	8
ORAL SUCTIONING.....	9
ADMINISTRATION OF SUPPLEMENTAL OXYGEN	10
PHYSICAL ASSESSMENT AND TREATMENT - TRAUMA.....	11
PHYSICAL ASSESSMENT AND TREATMENT-MEDICAL	14
NEUROLOGICAL ASSESSMENT	17
ASSISTING WITH PRESCRIBED MEDICATION	18
ADMINISTRATION OF NON-PRESCRIBED MEDICATION.....	20
DEFIBRILLATION USING AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)	21
EMERGENCY CHILDBIRTH.....	22
NEWBORN MANAGEMENT.....	24
EXTERNAL BLEEDING CONTROL.....	25
BASIC SHOCK TREATMENT.....	26
PNEUMATIC ANTI-SHOCK GARMENT	27
CERVICAL IMMOBILIZATION	28
SPINAL IMMOBILIZATION – SUPINE PATIENT	29
SPINAL IMMOBILIZATION – SEATED PATIENT.....	30
RAPID EXTRICATION.....	31
APPLICATION OF SLING AND SWATHE BANDAGE	32
TRACTION SPLINTING.....	33
LONG BONE SPLINTING	35

MULTI-LUMEN BLIND INSERTION AIRWAY DEVICES.....	36
SINGLE-LUMEN BLIND INSERTION AIRWAY DEVICES	37
ORAL TRACHEAL INTUBATION	38
ADMINISTRATION OF SQ, IM, AND ET MEDICATIONS.....	39
INTRAVENOUS (IV) ACCESS.....	40
DRAWING UP MEDICATIONS	41
ADMINISTRATION OF IV MEDICATIONS.....	42
PEDIATRIC INTRAOSSEOUS INFUSION	43
ADULT INTRAOSSEOUS INFUSION	44
DEFIBRILLATION USING A MANUAL DEFIBRILLATOR.....	45
EMT-3 CARDIAC ARREST TREATMENT	46
EMT-3 POTENTIALLY LETHAL DYSRHYTHMIA TREATMENT	47
CATEGORIZED SKILL SHEETS.....	48
SUGGESTION FORM	50

ASSESSMENT OF BLOOD PRESSURE, PULSE, RESPIRATIONS, AND SKIN

OBJECTIVE: The student will demonstrate the ability to correctly obtain a BP and assess pulse, respirations, and the skin.

EQUIPMENT: Examination gloves, BP cuff, stethoscope (preferably dual training stethoscope), timekeeping device that displays seconds, patient.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate the ability to measure the BP, pulse, and respirations within the degree of accuracy specified within the applicable section of the skill sheet.

Notes: The BP, pulse, respirations, and skin assessment may be performed in any order.

REVISED: December 2010

<i>Blood Pressure - Auscultation - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Explains the procedure to the patient.		
3. Places a correctly sized BP cuff around the patient's upper arm.		
4. Locates the brachial artery by palpation.		
5. Places the diaphragm of the stethoscope over the brachial artery.		
6. Inflates the cuff to approximately 30 mmHg above last pulse heard.		
7. Deflates the cuff slowly.		
8. Reports the obtained measurement (accuracy within 6 mm Hg of the measurement obtained by evaluator required).	*	
<i>Blood Pressure – Palpation – Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Explains the procedure to the patient.		
3. Places a correctly sized BP cuff around the patient's upper arm.		
4. Locates the radial or brachial artery.		
5. Palpates the artery.		
6. Inflates the cuff to approximately 30 mmHg above last pulse felt.		
7. Deflates the cuff slowly.		
8. Reports the obtained systolic measurement (accuracy within 6 mmHg of the measurement obtained by evaluator required).	*	

<i>Pulse Rate – Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Locates peripheral pulse with at least two fingers.		
3. Counts pulse for at least 30 seconds.		
4. Calculates and reports rate per minute (accuracy within 4 beats/minute of rate obtained by evaluator required).	*	
5. Reports quality (strength) and rhythm (regular, irregular) of pulse.		
<i>Respiratory Rate - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Places hand lightly over patient's diaphragm, observes chest rise, or uses other technique to identify a respiration.		
3. Counts respirations for at least 30 seconds.		
4. Calculates the rate per minute appropriately and states within 4 of rate observed by evaluator.	*	
5. Reports quality (normal, shallow, labored, noisy) and rhythm (regular, irregular).		
<i>Skin Assessment - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Observes skin color. (normal, pale, cyanotic, jaundiced, etc.)		
3. Feels skin temperature. (normal, warm, cool, cold, hot)		
4. Feels for condition of skin. (normal, dry, moist, tenting)		
5. Assesses and reports capillary refill in infants and children.		
6. Reports skin color, temperature, and condition.	*	

OROPHARYNGEAL AIRWAY INSERTION - ADULT

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA).

EQUIPMENT: Examination gloves, intubation manikin, tongue blade, and a selection of oropharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	*	
4. Opens the patient's mouth.		
5. Inserts the airway by: <ul style="list-style-type: none">• inserting with the tip towards the hard palate and rotating 180° as the tip passes the soft palate into the pharynx; or• inserting sideways and rotating 90° as the tip passes the soft palate into the pharynx; or• inserting after the tongue is displaced anteriorly with a tongue blade.	*	
6. Inserts the airway so that the flange is resting on the lips, gums, or teeth.		

OROPHARYNGEAL AIRWAY INSERTION-INFANT/CHILD

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA) in an infant or child.

EQUIPMENT: Examination gloves, pediatric intubation manikin, selection of oropharyngeal airways, and tongue blade.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	*	
4. Opens the patient's mouth.		
5. Inserts the tongue blade in the mouth until its tip is at the base of the tongue. Depresses the tongue anteriorly with the tongue blade.	*	
6. Inserts the airway in its normal anatomic position until the flange is seated on the lips, gums, or teeth.		

NASOPHARYNGEAL AIRWAY INSERTION

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert a nasopharyngeal airway (NPA).

EQUIPMENT: Examination gloves, intubation manikin, selection of nasopharyngeal airways, lubricant appropriate for manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of a nasopharyngeal airway.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Sizes the airway by selecting an airway adjunct that extends from the patient's nostril to the tip of the ear lobe or the angle of the jaw.	*	
4. The adjunct is lubricated with the appropriate lubricant.		
5. The airway is gently inserted with the bevel towards the nasal septum or floor of nose.	*	
6. If resistance is met, the airway is removed and insertion is attempted in the other nostril.	*	
7. Inserts the airway until the flange rests on the nostril.		

MOUTH-TO-MASK VENTILATION

OBJECTIVE: The student will demonstrate the ability to adequately ventilate a patient using a pocket mask with an oxygen port and one-way valve.

EQUIPMENT: Examination gloves, pocket mask with one-way valve and oxygen port, intubation manikin, the correct size of oropharyngeal and/or nasopharyngeal airway, oxygen tank with regulator, and oxygen supplies.

PERFORMANCE CRITERIA AND CONDITIONS: **Rescue breathing is in progress and is being performed by a first responder.** The student will correctly perform mouth-to-mask ventilation for at least two minutes.

Notes: The assembly of the oxygen tank and regulator is not a part of this skill sheet.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Assembles the pocket mask correctly.		
4. Connects the pocket mask to an oxygen source and sets flow of oxygen to 10 to 15 lpm.		
5. Effectively opens the patient's airway.	*	
6. Correctly inserts the oropharyngeal airway (OPA) or nasopharyngeal airway (NPA).		
7. Places the pocket mask over the patient's mouth and nose and ensures a proper seal.	*	
8. Effectively ventilates the patient, as evidenced by rise and fall of chest, at a rate of 10 to 12 times per minute.	*	
9. Allows for adequate exhalation between ventilations.		

BAG-VALVE-MASK RESUSCITATOR

OBJECTIVE: The student will demonstrate the ability to ventilate a patient with a bag-valve-mask resuscitator using both one- and two-rescuer techniques.

EQUIPMENT: Examination gloves, eye protection, surgical masks for each student, bag-valve-mask resuscitator, intubation manikin, the correct size of oropharyngeal and/or nasopharyngeal airway, oxygen reservoir, oxygen connecting tubing, and oxygen source with variable flow regulator.

PERFORMANCE CRITERIA AND CONDITIONS: While maintaining the mask seal, the student will ensure correct ventilation for at least two minutes.

REVISED: December 2010

<i>Device Preparation Event</i>	<i>Does</i>	<i>Does Not</i>
1. Assembles the bag-valve-mask resuscitator correctly.	*	
2. Connects the bag-valve-mask resuscitator to an oxygen source.		
3. Sets oxygen at rate of 10-15 lpm and ensures inflation of reservoir bag, if present.		

<i>Device Use Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Effectively opens the airway. Maintains the head in a neutral position if a cervical spine injury is suspected.	*	
3. Correctly inserts the oropharyngeal or nasopharyngeal airway.		
4. While maintaining an open airway, places an appropriately-sized mask over the patient's mouth and nose and establishes mask seal: One-rescuer method: Seals the mask with one hand. Two-rescuer method: Seals the mask with both hands (preferred method).	*	
5. Effectively ventilates the patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute. One-rescuer method: Compresses the bag with one hand. Two-rescuer method: Compresses the bag with both hands (preferred method).	*	
6. Allows for adequate exhalation between ventilations.		

FLOW-RESTRICTED OXYGEN-POWERED VENTILATION DEVICE

OBJECTIVE: The student will demonstrate the ability to adequately ventilate a patient using a positive pressure oxygen powered device.

EQUIPMENT: Examination gloves, flow-restricted oxygen-powered device with sufficient tank pressure, airway manikin, manikin lubricant, and appropriately-sized oropharyngeal and/or nasopharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: **Rescue breathing is in progress.** The student will correctly perform ventilation for at least two minutes.

NOTE: Many manikins do not simulate gastric distention. The dangers of over-inflation of the lungs and resulting airway compromise should be emphasized during this skill station.

REVISED: December 2010

<i>Device Preparation Event</i>	<i>Does</i>	<i>Does Not</i>
1. Assembles the resuscitator correctly.	*	
2. Turns the oxygen on.		

<i>Device Use Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Effectively opens the patient's airway. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Correctly inserts the oropharyngeal airway (OPA), or nasopharyngeal airway (NPA).		
4. Places the resuscitator mask over the patient's mouth and nose and ensures a proper seal.		
5. Effectively ventilates the patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute.	*	
6. Allows for adequate exhalation between ventilations.		

ORAL SUCTIONING

OBJECTIVE: The student will demonstrate the ability to correctly suction a patient's oropharynx. This skill sheet assumes that the rescuer has manually cleared the oropharynx of large objects such as clots, etc.

EQUIPMENT: Examination gloves, eye protection, and surgical type masks, suction devices, soft and rigid tip suction catheters, bag-valve-mask and/or flow-restricted oxygen-powered ventilation device, oxygen source with regulator, and airway manikin capable of being ventilated.

PERFORMANCE CRITERIA AND CONDITIONS: The student will correctly provide oral suctioning. A first responder is present to provide rescue breathing.

NOTE: If the patient has secretions or emesis that cannot be removed quickly and easily by suctioning, the patient should be log rolled and the oropharynx should be cleared.

REVISED: December 2010

<i>Device Preparation Event</i>	<i>Does</i>	<i>Does Not</i>
1. Gathers and assembles the necessary equipment.		

<i>Device Use Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Tests the suction device to ensure suction is being provided.		
4. Advances the suction tip into mouth without applying suction.		
5. Provides suction for no longer than 15 seconds for an adult, infants and children should be suctioned for a shorter time.	*	
6. Following suction: Breathing patient: places a non-rebreather mask on the patient. Apneic patient: directs the first responder to ventilate the patient with oxygen.		

ADMINISTRATION OF SUPPLEMENTAL OXYGEN

OBJECTIVE: The student will demonstrate the ability to set up a free-flow oxygen delivery system and deliver oxygen at a specified rate.

EQUIPMENT: Examination gloves, oxygen cylinder with sufficient tank pressure, oxygen regulator for free-flow use, cylinder wrench, nasal cannula, non-rebreather/partial rebreather mask, and patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the assembly of the necessary equipment and deliver oxygen at a rate specified by the proctor and using the appropriate delivery device.

REVISED: December 2010

<i>Device Preparation Event</i>	<i>Does</i>	<i>Does Not</i>
1. Gathers the necessary equipment.		
2. Confirms that the cylinder contains medical oxygen.		
3. Quickly opens and shuts the tank valve to eliminate foreign particles.		
4. Confirms that the gasket is in place.		
5. Connects the regulator to cylinder.		
6. Opens the tank valve.		
7. Confirms that adequate pressure exists in the tank and checks for leaks.		

<i>Device Use Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions or takes standard precautions.	*	
2. Select the appropriate oxygen delivery device for the patient's condition		
3. Connects the selected device to the regulator.		
4. Explains the procedure to the patient.		
5. Initiates the appropriate flow of oxygen. <ul style="list-style-type: none"> In a non-rebreather/partial rebreather mask set the flow to 10-15 lpm and pre-fill the reservoir. In a nasal cannula set the flow to 2-6 lpm. 	*	
6. Correctly places the device on the patient's face (oxygen flow may be adjusted for patient condition. If using a non-rebreather/partial rebreather mask, oxygen flow may be adjusted so that reservoir bag does not completely deflate during inhalations).	*	
<i>EMT is told to discontinue oxygen delivery.</i>		
7. Removes the device from the patient's face.		
8. Shuts off flow from the regulator and closes the tank valve.		
9. Relieves pressure from system.		
10. Performs all steps without leaving the cylinder unsecured in a vertical position.	*	

PHYSICAL ASSESSMENT AND TREATMENT - TRAUMA

OBJECTIVE: The student will demonstrate the ability to correctly perform a thorough physical assessment and perform appropriate patient care.

EQUIPMENT: Examination gloves, penlight, BP cuff, stethoscope, notepad, timekeeping device that displays seconds, cervical collar, patient or manikin, and two EMT/ETT trained bystanders.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly perform a complete physical assessment and appropriate treatment for a trauma patient.

NOTE: The treatments that are performed or verbalized will vary with the student's level of training at the time of the skill station. Patient assessment is commonly performed using a team approach. Students should practice assessment skills both singly and as a member of a team.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
Scene Size Up		
2. Determines that the scene is safe.	*	
3. Determines and states the mechanism of injury.		
4. Determines and states the number of patients.		
5. Requests additional help, if necessary.		
6. Considers stabilization of the patient's cervical spine, if indicated.	*	
Initial Assessment		
7. Determines and states a general impression of the patient (sick or not sick). Starts CPR if needed.		
8. Determines and states the responsiveness/level of consciousness (AVPU).		
9. Determines and states the patient's chief complaint if the patient is conscious.		
10. Assesses the patient's AIRWAY , and opens and maintains it as indicated. <ul style="list-style-type: none"> If the patient is alert and talking clearly or crying loudly, the airway is assumed to be patent. 	*	
11. Checks BREATHING (adequate or inadequate) and corrects immediate life threats. <ul style="list-style-type: none"> If the breathing is inadequate, assists ventilation with supplemental oxygen. If the breathing is adequate, oxygen may be indicated. 	*	
12. Checks CIRCULATION . <ul style="list-style-type: none"> If the patient is moving or talking, a pulse is assumed to be present. Palpates the patient's pulse if patient is unconscious. 	*	
13. Looks for, and controls, life threatening HEMORRHAGE .	*	
Performs items 10-13 before any other treatment or assessment.	*	
14. Assesses skin color, temperature, and condition.		
15. Determines patient priority and verbalizes appropriate transport decision.		
16. Selects the appropriate assessment. (focused or rapid)		

History and Physical Examination					
No significant mechanism of injury, and patient is conscious Focused Exam	Does	Does Not	Significant mechanism of injury, or patient has altered consciousness Rapid Trauma Assessment	Does	Does Not
17. Assesses injuries based on chief complaint.			17. Inspects and palpates the head for DCAP-BTLS and crepitus.		
18. Inspects, auscultates, and palpates the injury site and related areas as indicated.	*		18. Inspects and palpates neck for DCAP-BTLS, JVD, tracheal deviation, and crepitus.		
19. Applies C-collar, if indicated by mechanism of injury.			19. Applies C-collar, if indicated by mechanism of injury.		
20. Obtains baseline BP, pulse, and respirations.			20. Inspects and palpates chest for DCAP-BTLS, crepitus, chest wall stability, and paradoxical motion.		
21. Obtains a SAMPLE history.			21. Auscultates for the presence of breath sounds bilaterally.		
22. Performs a rapid trauma assessment if indicated by other injuries or critical findings.			22. Inspects and palpates abdomen for DCAP-BTLS, distention and rigidity.		
23. Properly packages and transports if needed.			23. Inspects and palpates pelvis for DCAP-BTLS, and crepitus.		
24. Performs detailed exam or ongoing examination, if indicated.			24. Inspects and palpates all four extremities for DCAP-BTLS and crepitus.		
			25. Assesses circulation, motor, and sensory function in all four extremities.		
			26. Inspects and palpates posterior thorax and lumbar regions for DCAP-BTLS and crepitus and moves the patient onto a backboard as indicated.		
			27. Properly packages and verbalizes transport within 10 minutes.		
			28. Obtains baseline BP, pulse, and respirations.		
			29. Obtains SAMPLE history if the patient is conscious.		

Detailed Physical Exam (Usually performed while transporting if time allows, if a significant mechanism exists, or if a rapid trauma assessment was performed.)	<i>Does</i>	<i>Does Not</i>
30. Assesses the head, including the ears.		
31. Inspects the eyes, including pupil equality, size, and reaction to light.		
32. Assesses the face, including the oral and nasal areas.		
33. Inspects and palpates the neck, assesses for JVD and tracheal deviation.		
34. Inspects and palpates the chest.		
35. Auscultates upper and lower lobe lung sounds bilaterally.		
36. Inspects and palpates the abdomen.		
37. Inspects and palpates the pelvis. Inspects genitalia and perineum as indicated.		
38. Inspects and palpates all four extremities.		
39. Assesses circulation, sensation, and motor function in all four extremities.		
40. Inspects and palpates posterior thorax and posterior lumbar spine, if not performed earlier.		
Treatment (Should occur throughout assessments.)		
41. Initiates treatment for shock, as indicated, appropriate to the student's level of training.	*	
42. Treats all injuries and wounds appropriately.		
43. Maintains cervical spine immobilization and spinal alignment throughout, if indicated.	*	
44. Transports patient (if not already performed).		
Ongoing Assessment (Should occur every 5 minutes for an unstable patient and every 15 minutes for a stable patient.)		
45. Repeats initial assessment (LOC, airway, breathing, and circulation).		
46. Re-assesses BP, pulse, and respirations.		
47. Repeats focused assessment regarding patient complaints or injuries.		
48. Re-assesses all interventions.		

PHYSICAL ASSESSMENT AND TREATMENT-MEDICAL

OBJECTIVE: The student will demonstrate the ability to correctly perform a thorough physical assessment and perform patient treatment.

EQUIPMENT: Examination gloves, penlight, BP cuff, stethoscope, timekeeping device that displays seconds, cervical collar, and patient or manikin. Equipment and medication appropriate for scenario.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly perform a complete physical assessment and appropriate treatment for a medical patient.

NOTE: The treatments that are performed or verbalized will vary with the student's level of training at the time of the skill station. Patient assessment is commonly performed using a team approach. Students should practice assessment skills both singly and as a member of a team.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
Scene Size Up		
2. Determines that the scene is safe.	*	
3. Determines and states the nature of the illness.		
4. Determines and states the number of patients.		
5. Requests additional help, if necessary.		
6. Considers stabilization of the patient's cervical spine, if indicated.		
Initial Assessment		
7. Determines and states a general impression of the patient (sick or not sick). Starts CPR if needed.		
8. Determines and states the responsiveness/level of consciousness (AVPU).		
9. Determines and states the patient's chief complaint, if conscious.		
10. Assesses the patient's AIRWAY , and opens and intervenes as indicated. <ul style="list-style-type: none"> If the patient is alert and talking clearly or crying loudly, the airway is assumed to be patent. 	*	
11. Checks BREATHING (adequate or inadequate) and corrects immediate life threats. <ul style="list-style-type: none"> If the breathing is inadequate, assists ventilation with supplemental oxygen. If the breathing is adequate, oxygen may be indicated. 	*	
12. Checks CIRCULATION . <ul style="list-style-type: none"> If the patient is moving or talking, a pulse is assumed to be present. Palpates the patient's pulse if patient is unconscious. 	*	
13. Assesses for, and controls, life threatening HEMORRHAGE .	*	
14. Performs items 10-13 before any other treatment or assessment.	*	
15. Assesses skin color, temperature, and condition.		
16. Determines patient priority and verbalizes appropriate transport decision.		
17. Selects the appropriate assessment. (focused or rapid)		

History and Physical Examination					
Conscious Patient Focused Examination	Does	Does Not	Unresponsive Patient Rapid Medical Assessment	Does	Does Not
18. Obtains SAMPLE history.	*		18. Obtains a SAMPLE history, if available.		
19. Identifies appropriate medical assessment questions.	*		19. Asks medical assessment questions, if witnesses available.		
20. Asks medical assessment questions. (see below)			20. Inspects and palpates the head.		
21. Obtains baseline BP, pulse, and respirations.	*		21. Inspects the eyes for pupil equality, size, and reaction to light.		
22. Inspects, auscultates, and palpates areas based on the patient's chief complaint.			22. Inspects and palpates the neck.		
23. Provides appropriate care and transport.			23. Inspects and palpates the chest.		
S-Signs and symptoms A-Allergies M-Medications P-Past medical history L-Last oral intake E-Events leading to this			24. Auscultates presence of breath sounds bilaterally.		
			25. Inspects and palpates the abdomen.		
			26. Inspects and palpates the pelvis.		
			27. Inspects and palpates all extremities.		
			28. Inspects and palpates posterior thorax and posterior lumbar spine.		
			29. Properly packages the patient and verbalizes transport.		
			30. Obtains baseline BP, pulse, and respirations.		

Medical Assessment Questions (Numbers in parentheses relate to the number of questions which must be asked to get credit for having completed this step).			
Altered Mental Status (5/8) <input type="checkbox"/> Description of episode <input type="checkbox"/> Duration <input type="checkbox"/> Onset <input type="checkbox"/> Associated symptoms <input type="checkbox"/> Evidence of trauma <input type="checkbox"/> Interventions <input type="checkbox"/> Seizures <input type="checkbox"/> Fever Allergic Reaction (4/6) <input type="checkbox"/> History of allergies <input type="checkbox"/> Exposed to what? <input type="checkbox"/> How exposed? <input type="checkbox"/> Effects <input type="checkbox"/> Progression <input type="checkbox"/> Interventions	Environmental (3/5) <input type="checkbox"/> Source <input type="checkbox"/> Environment <input type="checkbox"/> Duration <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Effects-general or local Cardiac/Respiratory (4/6) <input type="checkbox"/> Onset <input type="checkbox"/> Provocation <input type="checkbox"/> Quality <input type="checkbox"/> Radiation <input type="checkbox"/> Severity <input type="checkbox"/> Time Acute Abdomen (3/5) <input type="checkbox"/> Location of pain <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Orthostatic vital signs <input type="checkbox"/> Last menstrual period <input type="checkbox"/> Blood in feces, urine or vomit	Syncope (4/7) <input type="checkbox"/> Length of time unconscious <input type="checkbox"/> Position <input type="checkbox"/> History <input type="checkbox"/> Blood in vomit or stool <input type="checkbox"/> Trauma <input type="checkbox"/> Incontinence <input type="checkbox"/> Orthostatic vital signs Poisoning & OD (4/6) <input type="checkbox"/> Substance <input type="checkbox"/> When exposed/ingested <input type="checkbox"/> Amount <input type="checkbox"/> Time period <input type="checkbox"/> Interventions <input type="checkbox"/> Estimated weight	Behavioral (3/4) <input type="checkbox"/> How do you feel? <input type="checkbox"/> Determine if suicidal <input type="checkbox"/> “Were you trying to hurt yourself?” <input type="checkbox"/> “Have you been feeling that life is not worth living?” <input type="checkbox"/> “Have you been feeling like killing yourself?” <input type="checkbox"/> “Do you have a plan?” <input type="checkbox"/> Medical problem <input type="checkbox"/> Interventions Obstetrics (4/6) <input type="checkbox"/> Are you pregnant? <input type="checkbox"/> How long? <input type="checkbox"/> Pain or contraction <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Do you want to push? <input type="checkbox"/> Last menstrual period
Detailed Physical Exam Detailed physical examination is not usually indicated in a medical patient as there is no reason to suspect injuries that the detailed physical examination would reveal. However, maintain a high index of suspicion and remain ready to perform a detailed examination if anything in patient’s condition changes, causing you to suspect an injury.			Does Does Not
Treatment			
31. Performs treatments in accordance with student’s level of training.			*
Ongoing Assessment (should occur every 5 minutes for an unstable patient and every 15 minutes for a stable patient)			
32. Repeats initial assessment. (LOC, airway, breathing, circulation)			
33. Re-assesses BP, pulse, and respirations.			
34. Repeats focused assessment regarding patient complaints or injuries.			
35. Re-assesses all interventions.			

NEUROLOGICAL ASSESSMENT

OBJECTIVE: The student will demonstrate the ability to evaluate correctly the neurological status of a patient.

EQUIPMENT: Examination gloves, penlight, patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate accurate assessment of neurological status.

REVISED: September 2006

<i>Event</i>	<i>Does</i>	<i>Does not</i>																																																												
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*																																																													
2. Explains the procedure to the patient.																																																														
3. Assesses response to stimulus: Alert - awake, eyes open Verbal – responds, appropriately or not, to verbal stimulus Painful –does not respond to verbal commands, but responds to painful stimulus Unresponsive – no response to verbal or painful stimulus	*																																																													
4. Assesses Glasgow Coma Scale Score: <table> <tr> <th><u>Adult/Child</u></th><th></th><th><u>Infant</u></th></tr> <tr> <td colspan="3">Eye Opening</td></tr> <tr> <td>Spontaneous</td><td>4</td><td>Spontaneous</td></tr> <tr> <td>To Voice</td><td>3</td><td>To speech</td></tr> <tr> <td>To Pain</td><td>2</td><td>To pain</td></tr> <tr> <td>None</td><td>1</td><td>No response</td></tr> <tr> <td colspan="3">Verbal Response</td></tr> <tr> <td>Oriented</td><td>5</td><td>Coos, babbles</td></tr> <tr> <td>Confused</td><td>4</td><td>Irritable, cries</td></tr> <tr> <td>Inappropriate</td><td>3</td><td>Cries to pain</td></tr> <tr> <td>Incomprehensible</td><td>2</td><td>Moans, grunts</td></tr> <tr> <td>No response</td><td>1</td><td>No response</td></tr> <tr> <td colspan="3">Motor Response</td></tr> <tr> <td>Obey commands</td><td>6</td><td>Spontaneous</td></tr> <tr> <td>Localized pain</td><td>5</td><td>Localizes pain</td></tr> <tr> <td>Withdraws</td><td>4</td><td>Withdraws</td></tr> <tr> <td>Flexion</td><td>3</td><td>Flexion</td></tr> <tr> <td>Extension</td><td>2</td><td>Extension</td></tr> <tr> <td>No response</td><td>1</td><td>No response</td></tr> <tr> <td>Total</td><td>3-15</td><td>Total</td></tr> </table>	<u>Adult/Child</u>		<u>Infant</u>	Eye Opening			Spontaneous	4	Spontaneous	To Voice	3	To speech	To Pain	2	To pain	None	1	No response	Verbal Response			Oriented	5	Coos, babbles	Confused	4	Irritable, cries	Inappropriate	3	Cries to pain	Incomprehensible	2	Moans, grunts	No response	1	No response	Motor Response			Obey commands	6	Spontaneous	Localized pain	5	Localizes pain	Withdraws	4	Withdraws	Flexion	3	Flexion	Extension	2	Extension	No response	1	No response	Total	3-15	Total		
<u>Adult/Child</u>		<u>Infant</u>																																																												
Eye Opening																																																														
Spontaneous	4	Spontaneous																																																												
To Voice	3	To speech																																																												
To Pain	2	To pain																																																												
None	1	No response																																																												
Verbal Response																																																														
Oriented	5	Coos, babbles																																																												
Confused	4	Irritable, cries																																																												
Inappropriate	3	Cries to pain																																																												
Incomprehensible	2	Moans, grunts																																																												
No response	1	No response																																																												
Motor Response																																																														
Obey commands	6	Spontaneous																																																												
Localized pain	5	Localizes pain																																																												
Withdraws	4	Withdraws																																																												
Flexion	3	Flexion																																																												
Extension	2	Extension																																																												
No response	1	No response																																																												
Total	3-15	Total																																																												
5. Assesses pupil equality, size, and reaction to light.																																																														
6. Assesses motor and sensory function in all four extremities.	*																																																													

ASSISTING WITH PRESCRIBED MEDICATION

OBJECTIVE: Given a patient scenario, the student will demonstrate the ability to determine whether the use of prescribed medication is appropriate and properly administer the appropriate medication.

EQUIPMENT: Examination gloves, simulated medication, stethoscope, BP cuff, patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will assess and appropriately treat the patient within five minutes of arriving at the patient's side.

REVISED: December 2010

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.			*	
2. Obtains the patient's prescribed medication.				
3. Contacts medical direction for authorization if administration is not covered in standing orders.				
4. Assures the medication is prescribed and indicated for the patient.			*	
5. Determines if the patient has taken any prescribed dose(s).				
6. Checks the medication for expiration date.				
7. Specific medications:				
<input type="checkbox"/> Nitroglycerin	<input type="checkbox"/> Metered Dose Inhaler	<input type="checkbox"/> Epinephrine Auto-injector		
a) Ensures systolic BP is at least 100 mm Hg.	a) Assesses breathing and listens to lung sounds.	a) Obtains the patient's auto injector.	*	
b) Ask if the patient is taking a phosphodiesterase inhibitor (medications such as Viagra®, Levitra®, or Cialis®, commonly prescribed for erectile dysfunction). If so, contact medical control before administering nitroglycerin.	b) Directs the patient to exhale completely.	b) Checks medication for clarity.		
c) Places a tablet or sprays single dose under the tongue.	c) Places the mouthpiece of the inhaler into the patient's mouth between closed lips, depresses canister while the patient inhales deeply.	c) Removes safety cap from injector.		
d) Re-assesses BP.	d) Directs patient to hold breath for as long as comfortable.	d) Pushes injector firmly against lateral thigh and holds for 10 seconds.		
e) If pain persists administers 1 dose, every 3-5 minutes, to a maximum of 3 doses, if systolic BP remains above 100 mmHg.	e) Re-assesses patient's breathing and lung sounds.	e) Discards auto-injector in sharps container.	*	
	f) Administers up to maximum dose.		*	

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
7. Re-assesses patient for desired effect and possible side effects.	*	

DRAFT

ADMINISTRATION OF NON-PRESCRIBED MEDICATION

OBJECTIVE: The student will demonstrate the ability to determine whether the use of non-prescribed medication is appropriate and properly administer the medication.

EQUIPMENT: Examination gloves, simulated medication, stethoscope, BP cuff, patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will assess and appropriately treat the patient within five minutes of arriving at the patient's side.

REVISED: April 2006

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.			*	
2. Assures the medication is indicated for the patient.			*	
3. Selects the appropriate medication.				
4. Contacts medical direction for authorization if administration is not covered in standing orders.				
5. Checks the medication for expiration date.				
6. Establishes that the patient is not allergic to the drug.				
7. Specific medications				
<input type="checkbox"/> Oral Glucose	<input type="checkbox"/> Activated Charcoal	<input type="checkbox"/> Aspirin		
a) Ensures the patient is alert enough to swallow.	a) Ensures the patient is alert enough to swallow.	a) Ensures the patient is alert enough to swallow.	*	
b) Administers the entire tube of glucose by placing the glucose on a tongue depressor and inserting it between the cheek and gum or by allowing the patient to squeeze the tube into his or her mouth.	b) Mixes one gram of activated charcoal per kilogram of body weight into water or other liquid if not pre-mixed.	b) Checks for contraindications.		
	c) Has the patient drink the activated charcoal suspension.	c) Has the patient chew 160 to 325 mg of aspirin.		
8. Re-assesses the patient for desired effect and possible side effects.			*	

DEFIBRILLATION USING AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

OBJECTIVE: The student will demonstrate the ability to administer a defibrillator shock rapidly, safely, and effectively.

EQUIPMENT: Examination gloves, AED trainer or AED and dysrhythmia generator, defibrillation pads, timekeeping device that displays seconds, CPR/defibrillator manikin capable of interfacing with defibrillator, two EMT/ETT trained bystanders.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate correct and safe defibrillation using an AED.

REVISED: December 2010

<i>Event</i>		<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.		*	
Witnessed arrest with AED immediately available	Non-witnessed arrest (<i>if Medical Director advocates provision of five cycles of CPR before first shock</i>)		
2. Checks for responsiveness and normal breathing.	2. Verifies that effective CPR is being performed. If effective CPR is not being performed, directs assistants to perform CPR for five cycles of 30 compressions and 2 rescue breaths.	*	
3. Checks for a pulse for no more than 10 seconds.	3. Turns the AED on and attaches defibrillator pads.	*	
4. Turns the AED on and attaches defibrillator pads.	4. Stops CPR and ensures that everyone is clear of the patient.	*	
5. Presses “analyze” on unit to assess patient, if required, or permits machine to perform analysis of rhythm. ¹		*	
6. Delivers shock.		*	
7. Delivers first shock within 90 seconds after arriving at patient’s side if witnessed arrest, within three and a half minutes if non-witnessed arrest.		*	
8. Directs rescuers to perform CPR for 5 cycles without checking for a pulse.		*	
9. Confirms effectiveness of ventilations and compressions.			
11. Gathers additional information about arrest event.			
12. Repeats steps 5 – 9 in accordance with standing orders, ensuring that the patient is cleared EACH time during analysis and before delivering electrical therapy. Interruptions in CPR must be minimal.		*	
13. Identifies and responds to any equipment difficulty in accordance with manufacturer’s instruction guide if applicable.			

¹ If the AED being used generates an audible charging tone, compressions should be started after analysis is complete while the unit is charging. The rescuer must ensure that everyone is clear of the patient again before pressing the shock button. This procedure should not be performed if using a **fully** automated defibrillator which delivers a shock without rescuer input.

EMERGENCY CHILDBIRTH

OBJECTIVE: The student will demonstrate the ability to correctly assist the mother in giving birth and provide appropriate postnatal care.

EQUIPMENT: Examination gloves, eye protection, gown, OB manikin with neonate, OB kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, receiving blanket, bulb syringe, plastic bags, and OB pad), and one EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a patient in the second stage of labor. The student will demonstrate the proper delivery of the infant and appropriate care for the mother and infant.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Obtains the following information during patient history: <div> <input type="checkbox"/> Due date? <input type="checkbox"/> Drug use within 12 hours? <input type="checkbox"/> Last menstrual period? <input type="checkbox"/> Are you expecting twins? <input type="checkbox"/> Bleeding or discharge? <input type="checkbox"/> Pain or contraction? <input type="checkbox"/> How long are your contractions? How far apart are they? <input type="checkbox"/> Has the bag of waters broken, and was it stained water? <input type="checkbox"/> Do you feel a need to push or move your bowels? <input type="checkbox"/> How many times have you been pregnant and how many times have you given birth? </div>		
3. Explains the necessity of examining the patient for crowning.		
4. If time allows, drapes the patient for examination.		
5. Allow patient to choose position for delivery.		
6. Observes for crowning or any presenting part.		
7. Places a hand on the infant's head, without depressing the fontanel, to prevent explosive delivery.		
8. Checks to see if cord is around the infant's neck when the head presents. Slips cord over head if necessary.	*	
9. Clears the infant's airway by suctioning mouth and then the nose with a bulb syringe or other appropriate device. (Expels air from the syringe prior to insertion.)		
10. Holds baby securely supporting the head and body.		
11. Keeps infant level with vagina until cord is clamped.		
12. After cord pulsations cease, clamps the cord at approximately 7 inches from the infant and places another clamp at approximately 10 inches from the infant.		
13. Cuts the cord between the clamps.	*	
14. Dries infant and wraps in clean, dry, warm blanket, ensuring that head is covered.		
15. Provides additional tactile stimulation if infant is blue, limp, or not breathing.		
16. Evaluates respirations, heart rate, and color:	*	

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
a. If HR is greater than 100 and baby is pink, gives supportive care. b. If HR is greater than 100 and baby is not pink centrally, gives oxygen. c. If apneic or heart rate is less than 100, provides bag-valve-mask ventilations with supplemental oxygen. d. If heart rate is less than 60, provides chest compressions and bag-valve-mask ventilations with supplemental oxygen.		
17. For infants not requiring life support interventions, assesses an APGAR score at one minute and five minutes post-delivery.		
18. Continues to maintain the infant's body temperature.	*	
19. Places the infant on the mother's abdomen or gives the baby to the assistant.		
20. Does not perform uterine massage prior to delivery of the placenta.	*	
21. Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	*	
22. Massages the abdomen over the mother's uterus until it shrinks to a firm, hard consistency, or assists the mother with uterine massage. The mother should be encouraged to attempt to breastfeed at this time.		
23. Applies OB pad and instructs mother to hold her legs together. Provides assistance to the mother as needed.		
24. Records time of delivery and APGAR scores.		

NEWBORN MANAGEMENT

OBJECTIVE: The student will demonstrate the ability to correctly evaluate and manage a newborn baby.

EQUIPMENT: Examination gloves, eye protection, gown, OB manikin with neonate, OB kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, receiving blanket, and bulb syringe), plastic bags, OB pad, and an EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: Given a newborn infant manikin, the student will appropriately assess and treat using the guidelines that follow.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Clears the mouth and nose and suctions with a bulb syringe or other appropriate device if needed.		
3. Dries infant and wraps in clean, dry, warm blanket, ensuring that head is covered.		
4. Provides additional tactile stimulation if infant is blue, limp, or not breathing.		
5. Evaluates respirations, heart rate and color: a. If HR is greater than 100 and baby is pink, gives supportive care. b. If HR is greater than 100 and baby is not pink centrally, gives oxygen. c. If apneic or heart rate is less than 100, provides bag-valve-mask ventilations with supplemental oxygen. d. If heart rate is less than 60, provides chest compressions and bag-valve-mask ventilations with supplemental oxygen.	*	
6. For infants not requiring life support interventions, assesses an APGAR score at one minute and five minutes post-delivery.		
7. Continues to maintain the infant's body temperature.	*	

EXTERNAL BLEEDING CONTROL

OBJECTIVE: The student will demonstrate the ability to evaluate and control external hemorrhage while adhering to BSI precautions.

EQUIPMENT: Examination gloves, eye protection, gowns, clean dressing, BP cuff, stethoscope, bandaging supplies, patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student must demonstrate appropriate control of simulated arterial bleeding from an extremity.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Explains the procedure to the patient.		
3. Applies and maintains direct pressure on wound site applying additional dressings if necessary.	*	
4. If bleeding saturates dressing, may remove dressing and assess for bleeding source to apply well-directed pressure.		
5. Completes Step 3 before proceeding to other bleeding control methods as appropriate.		
6. Elevates the extremity above the level of the heart.		
7. If the hemorrhage continues, compresses artery at appropriate proximal pressure point with more than one finger, while maintaining elevation.		
8. If bleeding is still severe, re-evaluates treatment.		
9. Applies appropriate dressings and bandages using firm pressure or a pressure bandage.		
10. Applies a tourniquet if unable to control hemorrhage.		
11. Considers immobilization of extremity.		
12. Reassesses injury and interventions, obtains vital signs, and treats for shock as necessary.		

BASIC SHOCK TREATMENT

OBJECTIVE: The student will demonstrate proper evaluation and basic treatment of the patient in shock.

EQUIPMENT: Examination gloves, BP cuff, stethoscope, blankets, free-flow oxygen delivery system, something with which to elevate patient's feet, non-rebreather mask, patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will provide appropriate treatment for shock.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Places the patient in a supine position.	*	
3. Controls external bleeding if indicated.	*	
4. Initiates oxygen flow at 10 - 15 liters per minute via a non-rebreather mask.	*	
5. Elevates the patient's legs 8-12 inches.		
6. Maintains the patient's body temperature.		
7. Communicates with and reassures the patient.		
8. Obtains BP, pulse, and respiratory rate.		
9. Evaluates the level of consciousness.		
10. Verbalizes consideration of application of PASG.		
11. Determines if the need for rapid transport exists.		

PNEUMATIC ANTI-SHOCK GARMENT

OBJECTIVE: The student will correctly demonstrate the application of the PASG.

EQUIPMENT: Examination gloves, PASG, patient or manikin, one EMT/ETT trained assistant, BP cuff, stethoscope.

PERFORMANCE CRITERIA AND CONDITIONS: The student will correctly demonstrate the application of the PASG.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Considers stabilization of the patient's cervical spine, if indicated, and maintains stabilization through application of the PASG.	*	
3. Explains the procedure to the patient.		
4. Evaluates lung sounds.	*	
5. Removes or verbalizes removal of patient's clothing from the waist down, including shoes.		
6. Unfolds and positions the PASG.		
7. Positions garment correctly with the top of the garment just below lateral rib margin.	*	
8. Wraps and secures the leg sections.		
9. Wraps and secures the abdominal section.		
10. Attaches the pump to all three stopcocks. Closes the abdominal stopcock and opens stopcocks to legs.		
11. Inflates the leg sections until: <ol style="list-style-type: none"> Velcro closures start to slip or pop-off valves release, or garment is easily dented by finger pressure. 	*	
12. Closes leg stopcocks.		
13. Assesses BP and lung sounds. If systolic BP is less than 90 mmHg, proceed to step 14. If systolic BP is greater than or equal to 90 mmHg, go to step 17.	*	
14. Opens the abdominal stopcock and inflates the abdominal section until: <ol style="list-style-type: none"> Velcro closures start to slip, or pop-off valves release, or garment is easily dented by finger pressure. 	*	
15. Closes abdominal stopcock.		
16. Checks the patient's vital signs and lung sounds.	*	
17. Assures all stopcocks are closed.	*	
18. When asked, states the conditions which must exist prior to deflation and the procedures for deflation: <ol style="list-style-type: none"> Patient is in a medical facility with at least one large bore IV in place; and Deflate compartments one at a time, starting with the abdomen, stopping deflation if BP drops more than 10 mmHg or pulse increases by more than 10/minute. 		

NOTE: Some pneumatic anti-shock devices do not have pop-off valves. Do not exceed 100 mm Hg inflation pressure within the garment. Monitor closely during transport and adjust as necessary.

CERVICAL IMMOBILIZATION

OBJECTIVE: The student will demonstrate the ability to correctly size and apply a cervical immobilization device.

EQUIPMENT: Equipment includes selection of assorted cervical collars or other cervical immobilization devices and associated equipment, scissors, examination gloves, and an EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will securely apply correct size cervical collar while maintaining spinal alignment.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Directs assistant to place and maintain patient's head in a neutral and in-line position.	*	
3. Explains the procedure to the patient.		
4. Selects or adjusts to the appropriate size a commercially-available cervical immobilization device according to the manufacturer's instructions.		
5. Ensures that no jewelry or clothing is between the immobilization device and the patient's skin.		
6. Immobilization device is applied and secured without excessive movement or compromise to the patient's airway or blood vessels of the neck.	*	
7. Maintains manual stabilization throughout procedure.	*	

SPINAL IMMOBILIZATION – SUPINE PATIENT

OBJECTIVE: The student will demonstrate the proper technique for applying a cervical collar, log rolling a patient onto a backboard, and securing the patient to a backboard.

EQUIPMENT: Examination gloves, assortment of cervical collars or an adjustable cervical collar, backboard, straps, blankets, 2" - 3" tape, towels or bulky dressing, or commercially available cervical immobilization device, roller bandage, patient or manikin, two EMT/ETT trained assistants.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate appropriate immobilization of a suspected spinal injury.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Directs assistant to place and maintain patient's head in a neutral and in-line position.	*	
3. Explains the procedure to the patient.		
4. Correctly sizes and securely applies a cervical collar while maintaining spinal alignment.	*	
5. Assesses circulation, sensation, and motor function in all four extremities.	*	
6. Directs assistants throughout procedure.		
7. Rolls the patient while maintaining spinal alignment.	*	
8. Evaluates the patient's posterior after the patient is rolled.		
9. Positions backboard appropriately.		
10. While maintaining spinal alignment, rolls the patient onto a backboard on command of the assistant maintaining the cervical spine.	*	
11. Centers the patient on the backboard, while maintaining spinal alignment.		
12. Secures the patient to the backboard with straps across the chest, hips, and legs.		
13. Stabilizes the head in a neutral, in-line position and secures the head to the backboard LAST .	*	
14. Re-assesses the patient's circulation, sensation, and motor function in all four extremities.	*	
15. Performs the entire procedure without excessive movement of the patient's spine.	*	

SPINAL IMMOBILIZATION – SEATED PATIENT

OBJECTIVE: The student will demonstrate the ability to correctly apply a cervical collar and a vest-type immobilization device.

EQUIPMENT: Examination gloves, assortment of cervical collars or an adjustable cervical collar, vest-type immobilization device, roller bandages, tape, backboard, straps, patient or manikin, three EMT/ETT trained assistants, and an automobile or simulated automobile.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate the proper extrication of an injured patient from the driver's seat of an automobile. The patient is alert, responsive and cooperative. Spinal alignment must be maintained at all times.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
3. Explains the procedure to the patient.		
4. Correctly sizes and securely applies a cervical collar while maintaining spinal alignment.	*	
5. Assesses circulation, sensation, and, motor function in all four extremities.	*	
6. Prepares the vest-type immobilization device for application.		
7. Places a vest-type immobilization device behind the patient while maintaining spinal alignment.		
8. Securely fastens the body and leg straps, without excessive movement of the patient's spine and without causing respiratory compromise, before the head is secured.	*	
9. Secures the patient's head in a neutral position to the vest-type immobilization device. Places padding correctly behind the head as needed.		
10. Maintains manual spinal immobilization until the head is secured to the device.	*	
11. Applies and secures the device without excessive movement of the patient's spine.	*	
12. Positions the backboard or equivalent under, or as close as possible to, the patient.		
13. Removes the patient from the vehicle onto the spinal immobilization device.		
14. Secures the patient onto the backboard or equivalent.		
15. Re-assesses the patient's circulation, sensation, and, motor function in all four extremities.	*	

RAPID EXTRICATION

OBJECTIVE: The student will demonstrate the ability to rapidly extricate a critically injured patient.

EQUIPMENT: Examination gloves, blankets, one backboard, sufficient strapping materials, an assortment of cervical collars, three EMT/ETT trained assistants.

PERFORMANCE CRITERIA AND CONDITIONS: The student will properly demonstrate the removal of a critically injured patient from a vehicle **without** the use of a short spine board, or equivalent device. Patient should be assumed to be seated on the driver's side of the vehicle.

REVISED: September 2006

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Directs an assistant to maintain stabilization of the patient's head in a neutral, in-line position from behind the seat in which the patient is located.	*	
3. Explains the procedure to the patient.		
4. Correctly sizes and securely applies cervical collar.	*	
5. Stabilizes the spine by placing his or her forearm along the patient's sternum and gripping the patient's chin with one hand. Gently braces the patient's shoulders or spinal column with his or her other arm.		
6. Positions another assistant to gently lift at the patient's knees when directed.		
7. Directs the positioning of a backboard under the patient's thighs and buttocks. The backboard should be supported and steadied prior to placing the patient there.		
8. Directs another assistant to a position on the opposite side of the backboard, prepared to grasp the head of the patient.		
9. Gently pivots the patient, legs toward passenger side, shoulders toward open door where backboard is positioned.		
10. Rotates and then lowers the patient to a reclining position while directing an assistant to lift and maintain the legs in a flexed position with minimal moving or twisting of the spinal column. The assistant should maintain the knees in this manner until the patient's entire back is on the backboard.		
11. Directs an assistant to stabilize the patient's head as the patient is pivoted, and maintains alignment and stabilization until the patient's head and cervical spine are secured to the backboard.		
12. Slides the patient to the head of the backboard without pulling up on the shoulders.		
13. Directs the assistant lifting the knees to gently straighten the patient's legs.		
14. Secures the patient onto the backboard.		

APPLICATION OF SLING AND SWATHE BANDAGE

OBJECTIVE: The student will correctly demonstrate the appropriate technique for applying a sling and swathe.

EQUIPMENT: Examination gloves, patient or manikin, triangular bandages, 4" or wider roller bandage, safety pins, tape.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate the correct application of a sling and swathe to a suspected injury to an upper extremity. All students must be competent in the application of triangular bandages. If also training with a commercially available sling and swathe, the student should follow manufacturer's instructions.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Explains the procedure to the patient.		
3. Removes jewelry from injured extremity.		
4. Checks for circulation, sensation, and motor function distal to the injury.	*	
5. Instructs patient to hold the injured extremity in a position of comfort.		
6. Places the middle of the longest side of the triangular bandage under the hand with the ends over opposite shoulders.		
7. Ties the ends together behind patient's neck.		
8. Brings the remaining point of the triangular bandage around the elbow and secures with a safety pin or knot.		
9. Secures the injured arm to the body by wrapping with roller bandage or triangular bandages. The injured arm should be immobilized against the thorax.	*	
10. Places padding as indicated to improve patient comfort.		
11. Rechecks circulation, sensation, and motor function distal to the injury.	*	

TRACTION SPLINTING

OBJECTIVE: The student will demonstrate the proper method of applying a traction splint to an isolated mid-shaft fracture of the femur.

EQUIPMENT: Hare traction splint, Sager splint or like device, cravats or foot strap, patient or manikin, and one EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate the proper application of a traction splint to a supine conscious patient with a fracture of the femur.

REVISED: December 2010

<i>Event</i>				<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.				*	
2. Explains the procedure to the patient.					
3. Directs the assistant to stabilize the injured leg.					
4. Exposes the injured extremity.					
5. Removes shoe and sock on injured leg.					
6. Checks circulation, sensation, and motor function distal to the injury before moving leg or applying traction..				*	
<input type="checkbox"/> <i>Generic Traction Splint</i>	<input type="checkbox"/> <i>Sager Type Devices</i>	<input type="checkbox"/> <i>Hare Type Devices</i>	<input type="checkbox"/> <i>Hare Compact Splint</i>		
7. Measures and adjusts the splint	7. Places the splint between patient's legs, resting the cushion against the groin and applies the groin strap.	7. Positions the splint parallel to the uninjured leg and adjusts the length to 10 inches beyond the foot.	7. Positions splint between patient's legs, resting the cushion against the groin. Extends splint 1-2 inches beyond end of the foot of the injured leg.		
8. Applies the proximal anchor.	8. Folds the pads on the ankle hitch as needed to fit the patient. Applies and secures under the foot.	8. Spaces the straps to support the upper and lower leg.	8. Applies ankle strap around ankle with webbing on the inside between the ankle and the splint.		
9. Applies ankle hitch or distal anchor.	9. Extends the splint, providing approximately 10% of the patient's body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	9. Applies the foot strap to the injured leg.	9. Slides the longest and widest strap under both legs and secures snugly as close to the groin pad as possible.		
10. Applies traction to one of the following endpoints: • Reduction of angulation • Reduction of pain.	10. Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg	10. While supporting the fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction.	10. Applies traction by turning ratchet knob until: • reduction of angulation • reduction of pain • ratchet cannot be easily turned		

<input type="checkbox"/> <i>Generic Traction Splint</i>	<input type="checkbox"/> <i>Sager Type Devices</i>	<input type="checkbox"/> <i>Hare Type Devices</i>	<i>Hare Compact Splint</i>		
11. Secures the splint without applying pressure to the fracture site.	11. Applies the foot strap or cravat around both feet to prevent rotation.	11. Positions the splint under the injured leg with the top portion firmly against the ischium.	10. Secures remaining straps, one over both knees and one over both ankles.		
			<i>Continuation for Hare type devices</i>		
		12. Directs the assistant to lower the leg onto the device while maintaining traction.			
		13. Secures the groin strap prior to application of mechanical traction.			
		14. Attaches the foot strap rings to winch and twists knob to apply mechanical traction.			
		15. Releases manual traction after the mechanical traction is applied.			
		16. Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee.			
			<i>Continuation for all devices</i>		
17. Rechecks circulation, sensation, and motor function distal to the injury.				*	
18. Splints the fracture without excessive motion of the leg.				*	
19. Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.					
20. Re-assesses traction during transport.					

LONG BONE SPLINTING

OBJECTIVE: The student will demonstrate the ability to correctly splint a long bone fracture.

EQUIPMENT: Examination gloves, Sterile 4" x 4"s, an assortment of splints long enough to cover the injured limb and the joints above and below, splint padding; roller bandages or triangular bandages, (simulated) sterile normal saline, patient or manikin, one EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will demonstrate the correct application of a splint to an extremity.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Explains the procedure to the patient.		
3. Directs the assistant to stabilize the extremity.	*	
4. Exposes the injured extremity.		
5. Removes jewelry from injured extremity.		
6. Checks circulation, sensation, and motor function distal to the injury.	*	
7. If severe deformity is present, or extremity is cyanotic or pulseless, applies gentle traction to align bone.		
8. If open wound is present, applies and secures a moist sterile dressing to the wound.		
9. Selects an appropriate splint and applies padding if necessary.		
10. Applies the splint to the injured extremity, while supporting fracture site and without excessive movement .		
11. Secures the splint.		
12. Immobilizes joints above and below the fracture site.	*	
13. Re-assesses the circulation, sensation, and motor function distal to the injury.	*	

MULTI-LUMEN BLIND INSERTION AIRWAY DEVICES

OBJECTIVE: Student will demonstrate the ability to correctly place a multi-lumen airway, and ventilate within the allowed time frame.

EQUIPMENT: Examination gloves, eye protection, mask, adult intubation manikin, multi-lumen blind insertion airway device, appropriate syringes, stethoscope, appropriate secondary confirmation device, bag-valve-mask, lubricant appropriate for manikin, oxygen delivery system.

PERFORMANCE CONDITIONS: The student will correctly demonstrate the insertion of a multi-lumen airway. Ventilation is being performed with a bag-valve-mask device. An oropharyngeal airway is already in place.

REVISED: December 2010

<i>Event</i>		<i>Does</i>	<i>Does Not</i>
1.	Takes standard precautions.	*	
2.	Pre-oxygenates the patient.		
3.	Checks/prepares the airway device.		
4.	Lubricates the distal tip of the device (may be verbalized).		
5.	Positions the head properly.		
6.	Performs a tongue-jaw lift.		
Combitube® or Easytube®			
PTL®			
7.	Inserts device mid-line orally to depth so printed ring is at the level of teeth.	*	
8.	Inflates pharyngeal cuff with 100cc (85cc for SA) of air and removes syringe.	*	
9.	Inflates remaining cuff with 15cc (12cc SA) of air and removes syringes.	*	
CONTINUATION FOR BOTH DEVICES			
10.	Attaches CO ₂ detector device.		
11.	Attaches BVM to the first (esophageal placement) lumen and ventilates. Confirms placement and ventilation by observing chest rise and by auscultating over the epigastrium and bilaterally over each lung.	*	
12.	If lung sounds are audible, and no sounds are heard over epigastrium, continues ventilating through this lumen.	*	
13.	If no lung sounds are audible and epigastric sounds are heard, switches the BVM to the other lumen and ventilates, reconfirming correct placement as described above.	*	
14.	Confirms placement and ventilation by observing chest rise, by auscultating over the epigastrium and each lung.	*	
15.	Each attempt should take no longer than 30 seconds. Student considers other options if unsuccessful.	*	
16.	Continue ventilating patient with high-flow oxygen at a rate of 8-10/minute.		
17.	Re-evaluates tube placement every time after moving patient.		

SINGLE-LUMEN BLIND INSERTION AIRWAY DEVICES

OBJECTIVE: The student will demonstrate the ability to correctly place the airway and ventilate within the allowed time frame.

EQUIPMENT: Intubation manikin, single lumen blind insertion airway device, lubricant appropriate for manikin, appropriate secondary confirmation device, bag-valve device, oxygen cylinder, examination gloves, eye protection, mask, oxygen connecting tubing, appropriate syringe, stethoscope, EMT assistant, and timekeeping device that displays seconds.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with an intubation manikin with ventilation being performed with a bag-valve-mask device. An oropharyngeal airway is already in place. An EMT-trained rescuer is available to assist with ventilating the patient. The student should insert the single lumen airway correctly.

REVISED: December 2010

<i>Event</i>		<i>Does</i>	<i>Does Not</i>
1.	Takes standard precautions.	*	
2.	Pre-oxygenates the patient.		
3.	Test cuff(s) and inflation system for leaks then remove all air.		
4.	Lubricates surface of device.		
5.	Place manikin's head in a neutral or "sniffing" position.		
<i>King® Airway</i>			
6.	Holding airway in dominant hand, perform a chin lift with the other hand.		
7.	Inserts the airway into the manikin's mouth with the tube rotated 45-90 degrees so that the orientation line is touching the corner of the mouth.		
8.	As the tip of the tube passes the back of the tongue, rotate the tube to the midline with the orientation line towards chin.		
9.	Advance tube until the base of the connector is aligned with teeth or gums.	*	
10.	Inflate the cuffs per manufacturer's instructions.		
11.	Attach bag-valve resuscitator and slowly withdraw airway until ventilation is easy and free-flowing.	*	
12.	Readjust cuff inflation to the minimal volume necessary to maintain a seal at peak ventilatory pressure.		
13.	Auscultates breath sounds over epigastrium and each lung.	*	
14.	Tapes and secures the airway.		
15.	Each insertion attempt should take no longer than 30 seconds. Student should consider other option if unsuccessful.	*	
16.	Ventilates, with high-flow oxygen at a rate of 8-10/minute.	*	
17.	Re-evaluates tube placement every time after moving patient.		

ORAL TRACHEAL INTUBATION

OBJECTIVE: The student will demonstrate the ability to correctly intubate the trachea, and ventilate within the allowed time frame.

EQUIPMENT: Intubation manikin, endotracheal tubes , laryngoscope handle, curved and straight laryngoscope blades, silicone spray or other lubricant as specified by the equipment manufacturer, malleable stylet, bag-valve device, oxygen cylinder, examination gloves, eye protection, masks, oxygen connecting tubing, 10 ml syringe, appropriate secondary confirmation device, stethoscope, EMT assistant, and timekeeping device that displays seconds.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with an intubation manikin on which ventilation is being performed with a bag-valve-mask device. An oropharyngeal airway is already in place. An EMT trained rescuer is available to assist with ventilating the patient. The student should correctly intubate the patient.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Pre-oxygenates patient.		
3. Checks ET cuff by inflating it with no more than 10 cc of air.		
4. Attaches laryngoscope blade to handle and checks light.		
5. If stylet is used, inserts it so end is not protruding from the tube.	*	
6. Places patient's head in a sniffing position.		
7. Instructs rescuer to stop ventilations.		
8. Inserts blade, displacing tongue.		
9. Applies upward lifting action with laryngoscope WITHOUT using manikin's teeth as a fulcrum.	*	
10. Inserts ET tube from right pharynx, passing the tube through the glottic opening.		
11. Removes laryngoscope.		
12. Uses at least one secondary tube placement confirmation device: <ul style="list-style-type: none"> • Uses esophageal detector device, or • Attaches CO₂ detector device. 	*	
13. Inflates cuff with sufficient air to ensure a seal (5-10 ml) and disconnects syringe immediately.	*	
14. Attaches bag-valve device, ventilates, and notes chest rise and fall.	*	
15. Auscultates over epigastrium and both lungs.	*	
16. Each intubation attempt should take no longer than 30 seconds. Student considers other options if unsuccessful..	*	
17. Ensures patient is ventilated with high-flow oxygen at a rate of 8-10/minute.	*	
18. Secures ET tube to patient.	*	
19. Re-evaluates tube placement every time after moving patient.	*	

ADMINISTRATION OF SQ, IM, AND ET MEDICATIONS

OBJECTIVE: The student will demonstrate the ability to determine whether the use of medication is appropriate and properly administer the appropriate medication.

EQUIPMENT: Simulated patient examination gloves, eye protection (if required), masks (if required), alcohol wipes, tape, 2 x 2's, syringes, needles for syringe, selection of medications, container for disposing of sharps.

PERFORMANCE CRITERIA AND CONDITIONS The student will be presented with a simulated patient and will correctly demonstrate the ability to administer the appropriate medication.

REVISED: April 2006

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.			*	
2. Assures medication is indicated for the patient.			*	
3. Assembles necessary equipment.				
4. Determines patient is not allergic to medication.			*	
5. Checks medication for expiration date.				
<input type="checkbox"/> Subcutaneous (SQ)	<input type="checkbox"/> Intramuscular (IM)	<input type="checkbox"/> Endotracheal (ET)		
a) Selects 25g $1\frac{1}{2}$ or $5\frac{5}{8}$ " needle and 1 ml syringe.	a) Selects 19-21g $1\frac{1}{2}$ " needle and up to 5 ml syringe.	a) Ensures proper tube placement and adequate oxygenation and ventilation.		
b) Identifies injection site.	b) Identifies injection site.	b) Prepares medication by selecting 2-2.5 times the IV dose and dilutes into 10 ml or prepares a 10 ml flush.		
c) Cleanses puncture site using aseptic technique.	c) Cleanses puncture site using aseptic technique.	c) Pre-oxygenates the patient.		
d) Elevates SQ tissue by pinching skin.	d) Holds skin taut at injection site.	d) Removes BVM and injects medication into tube.		
e) Inserts needle at 45° angle in one quick motion.	e) Inserts needle at 90° angle in one quick motion.	e) Follows drug with flush if not diluted.		
f) Aspirates for blood return. <ul style="list-style-type: none"> If no blood return, smoothly and gently injects medication. If blood returns, withdraws needle, discards, and starts over at another site. 	f) Aspirates for blood return. <ul style="list-style-type: none"> If no blood return, smoothly and gently injects medication. If blood returns, withdraws needle, discards, and starts over at another site. 	f) Reattaches BVM.	*	
g) Withdraws needle and massages site.	g) Withdraws needle.	g) Resumes ventilation with several large breaths before returning to normal rate and resuming CPR.		
7. Disposes of all sharps in a sharps container.			*	
8. Re-assesses patient for desired effect and possible adverse effects.			*	

INTRAVENOUS (IV) ACCESS

OBJECTIVE: The student will demonstrate the ability to properly initiate IV therapy.

EQUIPMENT: Infusion trainer, IV catheters, IV administration set, IV extension tubing (optional), tourniquet, examination gloves, alcohol and/or other antiseptic wipes, tape, 2 x 2's, IV fluids, syringes, vacutainer tubes, needles for syringe, and container for disposing of sharps.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a simulated patient who requires IV therapy and will correctly initiate IV therapy.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Explains the procedure to the patient.		
3. Assembles necessary equipment.		
4. Selects proper solution, checks color, clarity, and expiration date.	*	
5. Selects proper administration set.		
6. Connects IV tubing to bag.		
7. Partially fills drip chamber and flushes IV tubing.	*	
8. Prepares tape or securing device.		
9. Applies tourniquet.		
10. Selects an appropriate vein.		
11. Cleanses puncture site using aseptic technique.	*	
12. Correctly performs venipuncture.	*	
13. Notes blood return.		
14. Advances catheter.		
15. Tamponades the vein.		
16. Removes needle and engages sharp-protective safety device.	*	
16. (Optional) Obtains blood sample using aseptic technique. Properly labels blood tubes.		
17. Removes tourniquet.		
18. Attaches IV tubing to IV catheter.		
19. Ensures that IV is flowing freely without signs of infiltration.		
20. Adjusts drip rate to TKO.		
21. Adequately secures IV.		
22. Disposes of sharps appropriately.	*	

DRAWING UP MEDICATIONS

OBJECTIVE: The student will demonstrate the ability to draw up medication into a syringe.

EQUIPMENT: Gauze, 2 x 2's, syringes, needles, vials or ampules of medication, and a container for disposing of sharps.

PERFORMANCE CRITERIA AND CONDITIONS: The student will properly draw up medication into a syringe for administration to a patient.

REVISED: December 2010

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Assembles necessary equipment.				
2. Checks medication for expiration date.			*	
3. Checks medication for clarity.				
4. Checks the name and concentration of the medication.			*	
5. Confirms the correct dose.			*	
<input type="checkbox"/> Preloaded syringes	<input type="checkbox"/> Vial	<input type="checkbox"/> Ampule		
a) Assembles prefilled syringe and expels air.	a) Opens vial, maintaining sterility of the top or cleanses top with alcohol prep if vial already open.	a) Ensures all medication is at bottom of ampule.		
b) Some preload systems require the needle cover be removed or the needle depressed before air can be expelled.	b) Uses syringe size that allows filling with more than the dose so that dose will be correct when air is expelled.	b) Wraps ampule in gauze or uses commercially-available ampule tool and breaks off top of ampule.		
	c) Injects same amount of air into vial as fluid to be drawn out	c) Attaches a filter straw or filter needle to the syringe.		
	d) Draws up desired dose plus 10%.	d) EMTs may choose to flip ampule upside down.		
	e) Expels air from syringe and sets to desired dose.	e) Draws up desired dose plus 10%.		
		f) Removes filter needle and disposes of it in sharps container.		
		g) Attaches appropriate needle or needleless adapter to syringe.		
		h) Expels air from syringe and sets to desired dose.		

ADMINISTRATION OF IV MEDICATIONS

OBJECTIVE: The student will demonstrate the ability to administer intravenous medication.

EQUIPMENT: Infusion trainer, IV catheters, IV administration set, IV fluids, tourniquet, examination gloves, alcohol or other antiseptic wipes, tape, 2 x 2's, syringes filled with the correct medication, and a container for disposing of sharps.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a patient who has a patent IV and will correctly prepare and administer medication through the IV.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Assures medication is indicated for the patient.	*	
3. Assembles necessary equipment and draws up medication (see Drawing Up Medications skill sheet for details).		
4. Determines patient is not allergic to medication.	*	
5. Cleanses injection port with alcohol prep.		
6. Reaffirms correct medication and dose.		
7. Pinches or clamps IV tubing above the injection port.		
8. Ensures that IV is patent.	*	
9. Administers correct dose at proper push rate.	*	
10. Flushes tubing.		
11. Readjusts drip rate to previous flow rate		
12. Disposes of syringe and needle in sharps container.	*	
13. Re-assesses patient for desired effect and possible adverse effects.	*	

PEDIATRIC INTRAOSSEOUS INFUSION

OBJECTIVE: The student will demonstrate the ability to correctly insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

EQUIPMENT: Intraosseous needle, examination gloves, IO manikin or other simulated pediatric tibia, gauze roller bandage or other material to maintain proper position of long bone, IV fluids, IV administration set, 10 ml syringe (or larger)

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a simulated pediatric tibia and requested to initiate an intraosseous infusion.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Explains the procedure to the patient's parent or guardian, if present.		
3. Assembles equipment and fills syringe with appropriate fluid.		
4. Exposes and elects proper anatomical site for IO infusion (see manufacture's recommendations).	*	
5. Cleans IO site using aseptic technique.		
6. Inserts device at a 90° angle and away from epiphysial plate.	*	
7. Insert the device <ul style="list-style-type: none"> • Bone marrow aspiration needle penetrates the bone with firm pressure and a rotary ("screwdriver") motion. A "pop" and sudden lack of resistance signaling entry into the marrow cavity • Bone Injection Gun ® (BIG) • E-Z IO ® 		
8. Manually stabilizes device.		
9. Removes stylet (if applicable) and places in sharps container.	*	
10. Attaches syringe and aspirates for marrow contents (if appropriate for device).		
11. Flushes the device and observes site for infiltration.	*	
12. Attaches IV administration set and administers proper fluid.		
13. Secures device.		
14. Checks administration rate and IO site for infiltration.		

ADULT INTRAOSSEOUS INFUSION

OBJECTIVE: The student will demonstrate the ability to correctly insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

EQUIPMENT: Intraosseous needle, examination gloves, IO manikin or other simulated insertion site, equipment necessary to stabilize IO needle after infusion, IV fluids, IV administration set, 10 ml syringe (or larger).

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a simulated insertion site and requested to initiate an intraosseous infusion.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.	*	
2. Explains the procedure to the patient, if conscious.		
3. Assembles equipment and fills syringe with appropriate fluid.		
4. Exposes and selects proper anatomical site for IO infusion.	*	
5. Cleans IO site using aseptic technique.		
6. Inserts device at a 90 degree angle according to manufacturer's instructions.	*	
7. Manually stabilizes device.		
8. Removes sharp and places in sharps container.	*	
9. Attaches syringe according to manufacturer's instructions and aspirates bone marrow if indicated.		
10. Slowly pushes fluid and observes site for infiltration.	*	
11. Attaches IV administration set and administers proper fluid.		
12. Secures device.		
13. Checks administration rate and IO site for infiltration.		

DEFIBRILLATION USING A MANUAL DEFIBRILLATOR

OBJECTIVE: The student will demonstrate the ability to recognize the need for electrical cardiac therapy and properly perform defibrillation on an unmonitored cardiac arrest patient.

EQUIPMENT: Defibrillation manikin, monitor/defibrillator, conductive medium (if required), and dysrhythmia simulator.

PERFORMANCE CRITERIA AND CONDITION: The student will be presented with a defibrillation manikin representing a patient in ventricular fibrillation or pulseless ventricular tachycardia. The student will assess the patient and treat appropriately. A CPR trained assistant will be available.

REVISED: December 2010

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions when indicated.	*	
2. Turns on monitor/defibrillator and selects paddles or pads lead.		
3. Perform skin preparation (drying chest, shaving chest, applying conductive medium, removing medication patches, etc. if necessary).		
4. Places pads or paddles correctly and demonstrates or verbalizes application of firm pressure if using paddles.		
5. Verbalizes identification of ventricular fibrillation or ventricular tachycardia on monitor.	*	
6. Sets appropriate defibrillator energy level.	*	
7. Charges defibrillator.		
8. If using paddles, demonstrates or verbalizes application of firm pressure.	*	
9. Says " CLEAR " and visually checks that other rescuers are clear of patient.	*	
10. Delivers shock.	*	
11. Immediately directs assistants to resume CPR.	*	

EMT-3 CARDIAC ARREST TREATMENT

OBJECTIVE: Demonstrate the ability to coordinate resuscitative measures for a patient in cardiac arrest, correctly identify a shockable rhythm, perform defibrillation, verbalize other appropriate interventions, and correctly state medications and dosages for given rhythm.

EQUIPMENT: Defibrillation manikin, monitor/defibrillator, conductive medium (if required), examination gloves (if required), eye protection (if required), masks (if required), dysrhythmia simulator, 2 basic life support rescuers, IV equipment and supplies, airway care equipment and supplies, and appropriate medications.

PERFORMANCE CRITERIA AND CONDITION: The student will be presented with a defibrillation manikin representing a patient in cardiac arrest. The student will assess the patient and treat appropriately. Unless otherwise directed, insertion of advanced airway devices and intravenous lines may be verbalized.

REVISED: December 2010

<i>Event</i>		<i>Does</i>	<i>Does Not</i>
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.		*	
Witnessed arrest	Non-witnessed arrest (<i>if Medical Director advocates provision of five cycles of CPR before first shock</i>)		
2. Checks for responsiveness and normal breathing.	2. Verifies that effective CPR is being performed.	*	
3. Checks for a pulse for no more than 10 seconds. If no pulse, directs assistants to start CPR.	3. If effective CPR is not being performed, directs assistants to perform CPR for five cycles of 30 compressions and 2 rescue breaths.	*	
4. Applies paddles/attaches pads to patient.		*	
5. Stops CPR if needed to analyze rhythm.		*	
6. Recognizes shockable rhythm.		*	
7. States “CLEAR,” and visually checks that other rescuers are clear of patient.		*	
8. Defibrillates patient at appropriate energy level. (360 J monophasic or appropriate biphasic setting) with minimal interruption of CPR.		*	
9. Immediately directs assistants to resume CPR for 5 cycles.		*	
10. Assesses the adequacy of compressions and ventilations; uses appropriate airway adjunct or device as needed.		*	
11. Obtains IV/IO access. <i>Epinephrine may either be given at this point, or at item 14.</i>		*	
12. Repeat steps 5 through 8.		*	
13. Immediately directs assistants to resume CPR.		*	
14. Administers or directs administration of epinephrine 1:10,000 1 mg IV/IO while circulating medication with CPR, if not done already.		*	
15. Repeat steps 5 through 8.		*	
16. Immediately directs assistants to resume CPR.		*	
17. Administers or directs administration of lidocaine 1 to 1.5 mg/kg IV/IO while circulating medication with CPR.		*	
18. Repeats epinephrine 1:10,000 1 mg every 3 – 5 minutes.		*	
19. Repeats lidocaine 0.5 – 0.75 mg/kg every 5 – 10 minutes up to a maximum of 3 mg/kg.		*	
20. Repeats defibrillations at appropriate intervals.		*	
21. Performs continuous CPR throughout with no breaks exceeding 10 seconds.		*	

EMT-3 POTENTIALLY LETHAL DYSRHYTHMIA TREATMENT

OBJECTIVE: The student will demonstrate the ability to coordinate and perform resuscitative measures in the patient with a potentially lethal dysrhythmia; including airway management, intravenous therapy, and administration of medications.

EQUIPMENT: Defibrillation manikin, monitor/defibrillator, conductive medium, examination gloves (if required), eye protection (if required), masks (if required), dysrhythmia generator, two BLS rescuers, IV equipment and supplies, ALS airway equipment, oxygen, BVM, and medications.

PERFORMANCE CRITERIA: The student is presented with a defibrillation manikin and given a case history by the instructor. The student will appropriately assess and treat the patient.

REVISED: December 2010

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes standard precautions.			*	
2. Performs appropriate airway management (which may include an advanced airway).			*	
3. Correctly identifies potentially lethal dysrhythmia.			*	
4. Initiates appropriate IV/IO therapy.				
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Asystole	<input type="checkbox"/> Pulseless Electrical Activity		
a) Identifies symptomatic patient with heart rate below 60/minute.	a) Identifies asystole in two leads.	a) Identifies electrical activity in a patient without pulse.	*	
b) Administers atropine 0.5 mg IV/IO. Repeat as needed every 3-5 minutes up to a total dose of 3 mg.	b) Administers epinephrine 1:10,000 1 mg IV/IO. Repeats every 3-5 minutes.	b) Administers epinephrine 1:10,000 1 mg IV/IO. Repeats every 3-5 minutes.	*	
		c) Identifies and treats correctable causes of PEA.		
	5. Performs continuous CPR throughout with no breaks exceeding 10 seconds.			

CATEGORIZED SKILL SHEETS

Emergency Medical Technician-1 Initial Training Program	
Required	Teaching/Optional
<ul style="list-style-type: none"> ▪ Assessment of Blood Pressure, Pulse, Respirations, and Skin ▪ Neurological Assessment ▪ Physical Assessment and Treatment - Trauma (EMT-1, II, and III) ▪ Physical Assessment and Treatment - Medical (EMT-1, II, and III) ▪ Oropharyngeal Airway Insertion - Adult ▪ Oropharyngeal Airway Insertion - Infant/Child ▪ Nasopharyngeal Airway Insertion ▪ Mouth to Mask ▪ Bag-Valve-Mask Resuscitator - One Rescuer Method ▪ Bag-Valve-Mask Resuscitator - Two Rescuer Method ▪ Flow Restricted Oxygen Powered Ventilation Device ▪ Oral Suctioning ▪ Administration of Supplemental Oxygen ▪ External Bleeding Control ▪ Basic Shock Treatment ▪ Pneumatic Anti-Shock Garment - Adult ▪ Spinal Immobilization - Supine Patient ▪ Spinal Immobilization - Seated Patient ▪ Application of Sling and Swathe Bandage ▪ Traction Splinting ▪ Long Bone Immobilization ▪ Emergency Childbirth ▪ Assisting with Prescribed Medication ▪ Administration of EMT-1 Non-Prescribed Medication ▪ Cervical Immobilization 	<ul style="list-style-type: none"> ▪ Rapid Extrication ▪ Newborn Management

Emergency Medical Technician-1 Refresher Training Programs	
Required	Teaching/Optional
<ul style="list-style-type: none"> Assessment of Blood Pressure, Pulse, Respirations, and Skin Physical Assessment and Treatment - Trauma (EMT-1, II, and III) Physical Assessment and Treatment - Medical (EMT-1, II, and III) Oropharyngeal Airway Insertion - Adult Oropharyngeal Airway Insertion - Infant/Child Bag-Valve-Mask Resuscitator - Two Rescuer Method Oral Suctioning Administration of Supplemental Oxygen External Bleeding Control Basic Shock Treatment Spinal Immobilization - Supine Patient Spinal Immobilization - Seated Patient Traction Splinting 	<ul style="list-style-type: none"> Neurological Assessment Rapid Extrication Nasopharyngeal Airway Insertion Mouth to Mask Bag-Valve-Mask Resuscitator – One Rescuer Method Flow Restricted Oxygen Powered Ventilation Device Application of Sling and Swathe Bandage Emergency Childbirth Newborn Management Administration of EMT-1 Non-Prescribed Medications Long Bone Immobilization Pneumatic Anti-Shock Garment – Adult Assisting with Prescribed Medications

Emergency Medical Technician-2 Initial Training Program	
Required	Teaching/Optional
<ul style="list-style-type: none"> Physical Assessment and Treatment - Trauma Physical Assessment and Treatment - Medical Pediatric Intraosseous Infusion Intravenous (IV) Access Administration of IV Medications Administration of SQ/IM Medications Oral Tracheal Intubation or Multilumen Airways 	<ul style="list-style-type: none"> Laryngeal Mask Airway All EMT-1 Skills Adult Intraosseous Infusion
Emergency Medical Technician-2 Refresher Training Programs	
<ul style="list-style-type: none"> All EMT-1 Skills Intravenous (IV) Access Administration of IV Medications Oral Tracheal Intubation or Multilumen Airways Pediatric Intraosseous Infusion 	<ul style="list-style-type: none"> Laryngeal Mask Airway Adult Intraosseous Infusion
Emergency Medical Technician-3 Initial Training Program	
Required	Teaching/Optional
<ul style="list-style-type: none"> Defibrillation Using a Manual Defibrillator EMT-3 Cardiac Arrest Treatment EMT-3 Lethal Arrhythmia Treatment Oral Tracheal Intubation 	<ul style="list-style-type: none"> Multilumen Airways Laryngeal Mask Airway
Emergency Medical Technician-3 Refresher Training Program	
<ul style="list-style-type: none"> EMT-1 Transition/Refresher Skills EMT-2 Transition/Refresher Skills EMT-3 Cardiac Arrest Treatment EMT-3 Lethal Arrhythmia Treatment 	<ul style="list-style-type: none"> Multilumen Airways Laryngeal Mask Airway

SUGGESTION FORM

We want to keep these skill sheets as current, relevant, and useful as possible. If you have suggestions for improving the skill sheets, **please** let us know. Simply complete the form below and send it to:

Department of Health and Social Services
Emergency Programs
Box 110616
Juneau, AK 99811-0616

FAX: (907)465-4101

Make as many copies of this form as you need. Your comments will be forwarded to the State EMS Training Committee for review. We hope to revise the skill sheet packet at least annually.

Name:	Date:	Certification number, if applicable:
Version of Skill Sheets:		
Problem:		
Suggested Solution:		